

*Fig. 1*

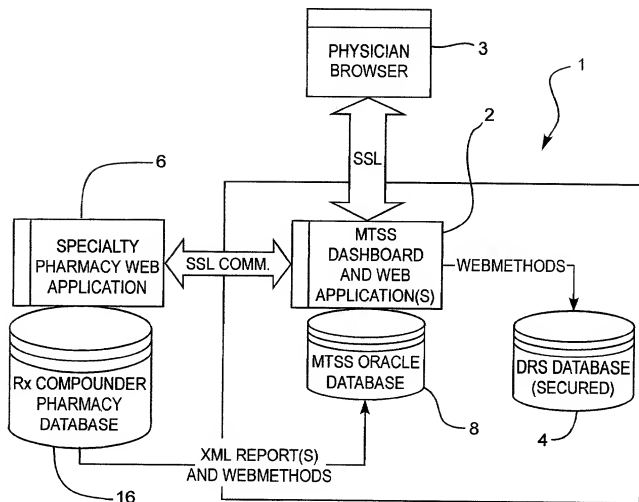



Fig. 2

ADA	Application Development Architecture
ETA	Enterprise Technology Architecture
HIPPA	Health Insurance Patient Privacy Act
FDA	Food and Drug Administration
B2B	Business-to-Business
B2C	Business-to-Consumer
CMS	Content Management System
PIN	Personal Identification Number (works like a password)
DRS	Device Registration System (Oracle® Instance)
JSP	Java Server Page
LDAP	Lightweight Directory Access Protocol (via Oblix® policy server)
SSL	Secure Socket Layer (Browser data communications encryption)
VPN	Virtual Private Network (IP-Server implementation, B2B data encryption)
XML	eXtensible Markup Language (for machine readable documents and B2B communications)
TSS	Therapy Support Services, or TSS for short
SAIT	Server Administrator Information Technology
SRS	System Requirements Specification
DD	Design Detail Document
SVP	System/Software Validation Plan
VT	Short for Verification Test checklist
SVR	System/Software Validation Report

Fig. 3

 <b>Medtronic</b>		Medtronic Therapy Support Services	
Welcome! Please file out the following forms to register. Fields marked with an * are required.			
*User ID:	<input type="text" value="ldchdd"/>	*Confirm:	<input type="text" value="*****"/>
*Password:	<input type="text" value="*****"/>	Your password must be at least 7 characters in length and must contain at least 2 numeric characters.	
Salutation:	<input type="text" value="None"/> ▼	Street Address:	<input type="text" value="9376 Birch Blvd."/>
*First Name:	<input type="text" value="Doc"/>	City:	<input type="text" value="St. Paul"/>
Preferred Name:	<input type="text"/>	*State:	<input type="text" value="MN"/>
Middle Name:	<input type="text"/>	Zip:	<input type="text" value="55122"/>
*Last Name:	<input type="text" value="Holiday"/>	Phone Number:	<input type="text" value="612-555-1234"/>
Name Suffix:	<input type="text" value="M.D."/>	Fax:	<input type="text"/>
*E-Mail Address:	<input type="text" value="holiday@domain.com"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No	
*Are you a Physician?			
*Do you want to receive informational e-mails?			
Connection Type	<input type="text" value="DSL or Cable Modem"/> ▼	Location	<input type="text" value="Clinic"/> ▼
Computer Type	<input type="text" value="Window's based PC"/> ▼	Number of Computers	<input type="text" value="2"/>
I understand that my User ID and password are for my use only and I agree that I will not share my login information with anyone, nor login using another's User ID.			
<input type="button" value="Submit to Medtronic"/>		<input type="button" value="Clear and Start Over"/>	

*Fig. 4*

Contact Medtronic

Please fill out the form below to receive more information about the Therapy Support Services.  
Fields marked with \* are required.

\*First Name:

\*Last Name:

\*E-mail Address:

Street Address:

City:

\*State:

Zip:

\*Phone Number:

Fax

\*Message:

Issue:

Forget your Username/Password ▾

Send

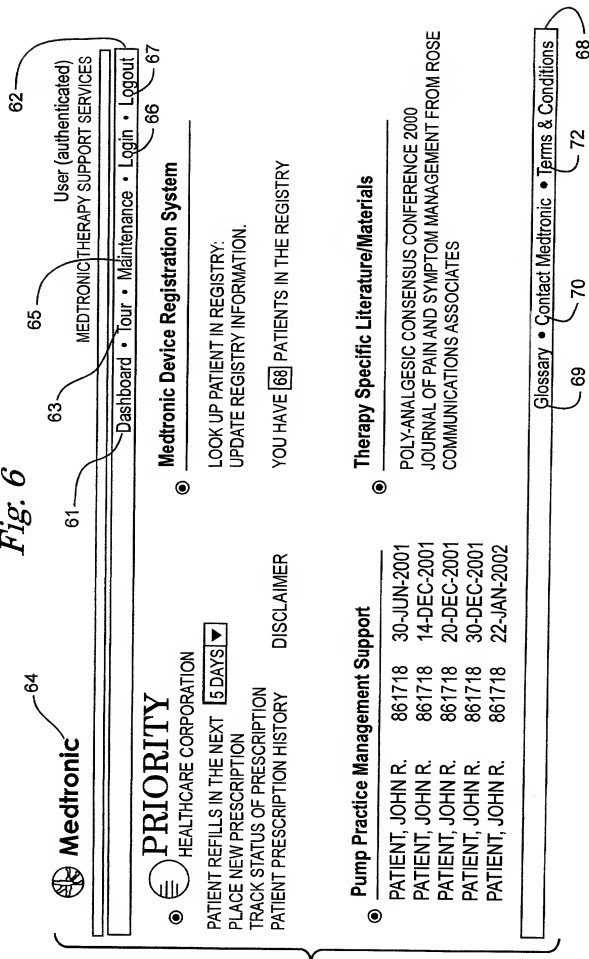
Clear

Fields marked with \* are required.

Email Us!



Fig. 6





Medtronic

Fig. 7

		User (authenticated)	
		MEDTRONIC THERAPY SUPPORT SERVICES	
		Dashboard • Tour • Maintenance • Login • Logout	
		Repeat Interpretation	
		Model Implant Date	Likely Date
Medtronic Pump Replacement Report Patient Name	Patient, John R.	861718 12/31/1996	30-Dec-1999
	Patient, John R.	861718 06/14/1997	14-Jun-2000
	Patient, John R.	861718 06/20/1997	20-Jun-2000
	Patient, John R.	861718 06/30/1997	30-Jun-2000
	Patient, John R.	861718 07/22/1997	22-Jul-2000
	Patient, John R.	861718 07/25/1997	25-Jul-2000
	Patient, John R.	861718 08/19/1997	19-Aug-2000
	Patient, John R.	861718 08/19/1997	19-Sep-2000
	Patient, John R.	861718 11/03/1997	03-Nov-2000
	Patient, John R.	861718 12/11/1997	11-Dec-2000
	Patient, John R.	861718 03/06/1998	06-Mar-2001
	Patient, John R.	861718 03/18/1998	18-Mar-2001
		-3-SD	
		+3-SD	
		Calculate	30-Jun-2001
		Calculate	14-Dec-2001
		Calculate	20-Dec-2001
		Calculate	30-Dec-2001
		Calculate	22-Jan-2002
		Calculate	25-Jan-2002
		Calculate	19-Feb-2002
		Calculate	19-Mar-2002
		Calculate	03-May-2002
		Calculate	11-Jun-2002
		Calculate	06-Sep-2002
		Calculate	18-Sep-2002
		Calculate	06-Mar-2004
		Calculate	18-Mar-2004

*Fig. 8*



**Medtronic**

MEDTRONIC THERAPY SUPPORT SERVICES

**Patient:** Patient, John R.

**Pump Model** 861718

**Implant Date:** 08/05/1998

**Avg. Daily  
Infusion Volume:**  mL

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**-3 SD:** 05-Nov-2001

**Mean Date:** 05-Mar-2002 [43.6 Months]

**+3 SD** 05-Mar-2002

**Important:** This calculation assumes constant daily infusion volume over the life of the pump. To improve your calculation, enter your best estimate of the programmed average daily infusion volumes since implant.





*Fig. 10*

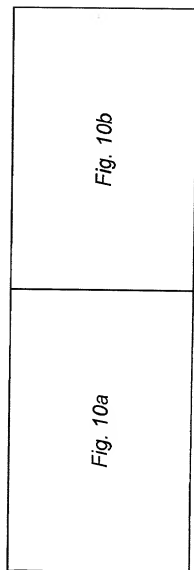
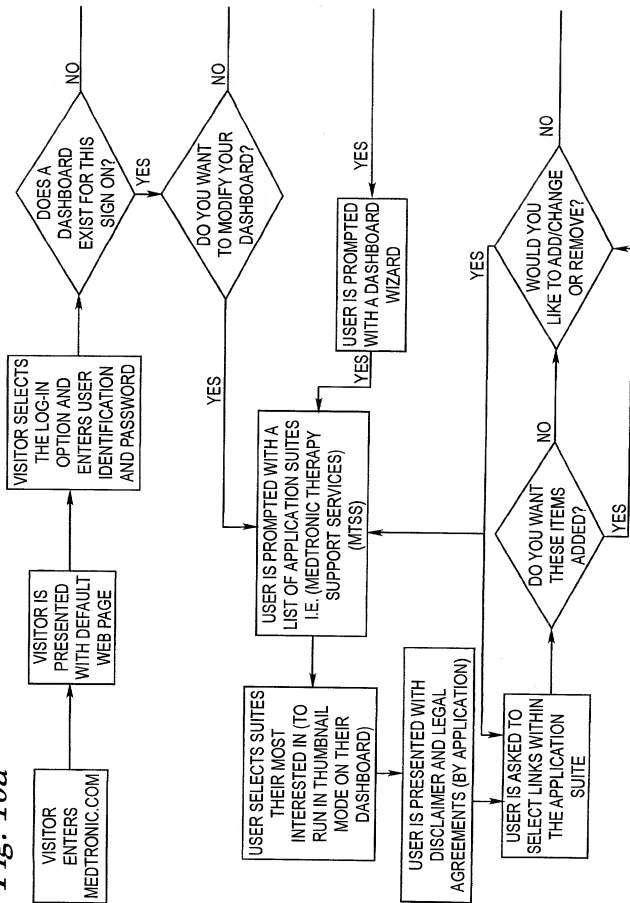


Fig. 10a



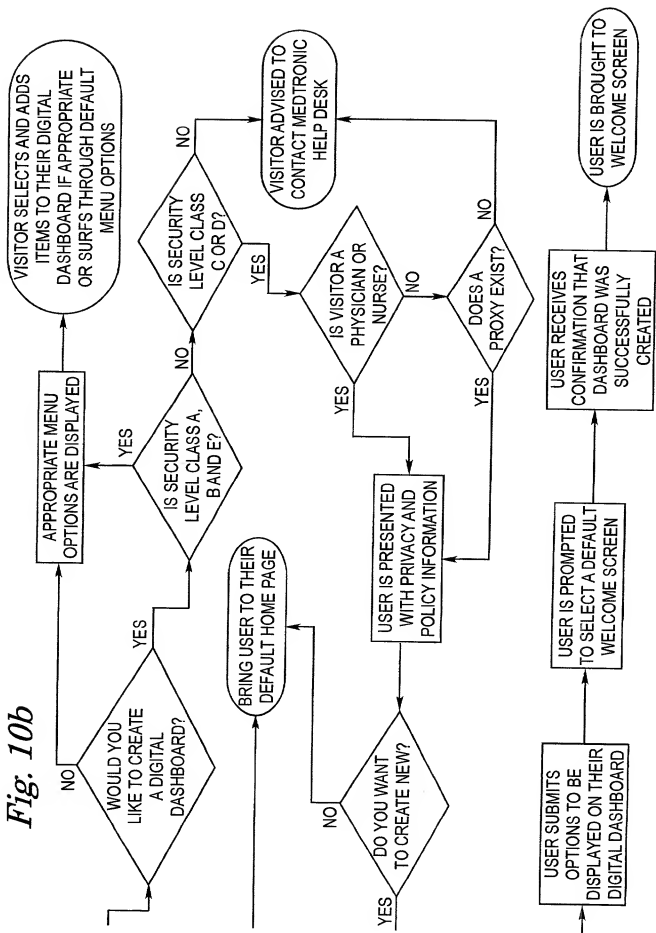


Fig. 11

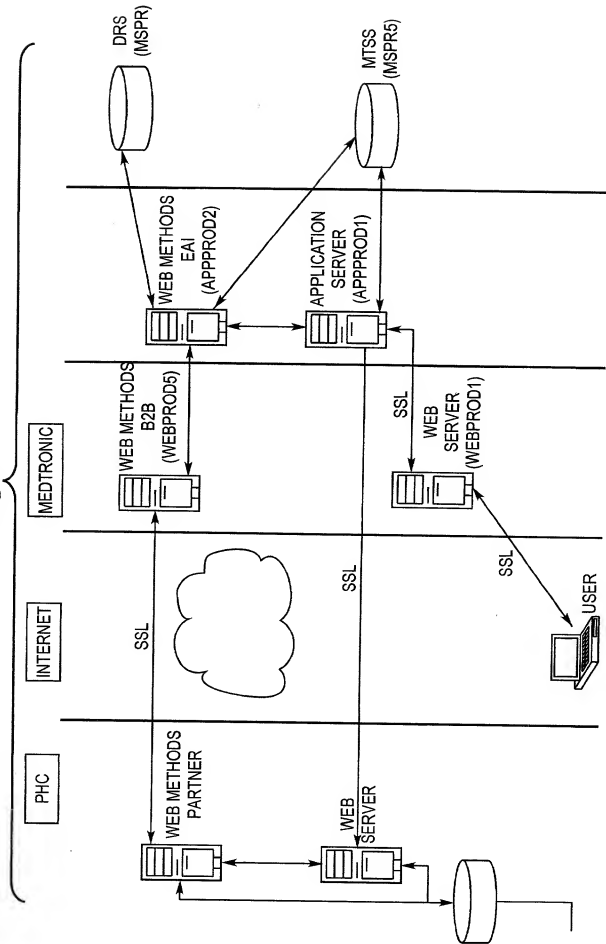
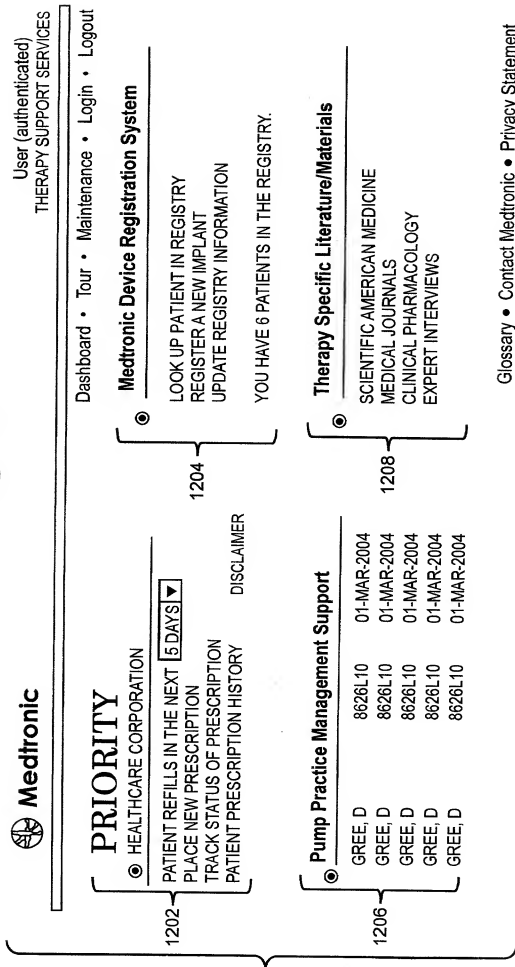


Fig. 12



[illegible]

Patient Reminder in the next    
Place new prescription  
Track status of prescription  
Patient prescription history

## Read This!



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Fig. 14

 User (authenticated)  
 THERAPY SUPPORT SERVICES

Dashboard • Suite 1 • Suite 2 • Maintenance • Login • Logout

## Registered Pump Implants (Mock Up)

 Lookup  
 Patient  
 Register  
 Device  
 Update  
 Registry

Patient Name	Model	Implant Date	Initial Drug	Back
Select Patient 1	Model 1	12-Jan-2000	History Generic	Update
Select Patient 2	Model 2	12-Jan-2000	History Generic	Update
Select Patient 3	Model 3	12-Jan-2000	History Generic	Update
Select Patient 4	Model 4	12-Jan-2000	History Generic	Update
Select Patient 5	Model 5	12-Jan-2000	History Generic	Update
Select Patient 6	Model 6	12-Jan-2000	History Generic	Update
Select Patient 7	Model 7	12-Jan-2000	History Generic	Update
Select Patient 8	Model 8	12-Jan-2000	History Generic	Update
Select Patient 9	Model 9	12-Jan-2000	History Generic	Update
Select Patient 10	Model 10	12-Jan-2000	History Generic	Update
Select Patient 11	Model 11	12-Jan-2000	History Generic	Update
Select Patient 12	Model 12	12-Jan-2000	History Generic	Update

Glossary • Contact Medtronic • Privacy Statement



Fig. 15



User (authenticated)  
THERAPY SUPPORT SERVICES

**PRIORITY** HEALTHCARE CORPORATION **Patient Information** Dashboard • Suite 1 • Suite 2 • Maintenance • Login • Logout

Patient Info	Patient Phone	Patient Primary Ins.	Preferences	Consultation	Allergies	Disease	Shipping	Notes	Picture
Last Name				First Name:					
Middle Name:				Title:					
Address 1:									
Address 2:									
City:				State:					
Zip:				Country:					
Patient Status:		Active: <input checked="" type="radio"/> Deceased: <input type="radio"/>		Birthdate:					
Social Security No.				Misc. ID:					
Height:				Weight:					
Last Modified On:				Modified By:					
Date Entered:				Entered By:					

Save Cancel

Fig. 16

